BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP

TELEPHONE: (714) 557-3800

INTELLECTUAL PROPERTY LAW
12400 WILSHIRE BOULEVARD, 7TH FLOOR
LOS ANGELES, CA 90025

FACSIMILE: (714) 557-3347

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CENTRAL FAX CENTER
JAN 0 3 2005

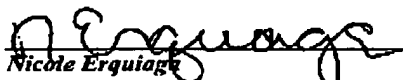## FACSIMILE COVER SHEET

Deliver to: Laura A. Grier, USPTO   Art Group: ____2644____

Facsimile No.: 703-872-9306   Date: January 3, 2005

From: William W. Schaal, Reg. No. 39,018

Our Docket No.: 80398P109   Number of pages 5 including this sheet.

Application No.: 08/936,708   Filing Date: 9/24/1997

Docket Due Date(s): 1/1/2005

Enclosed are the following documents:

☐ Amendment: ____ (____pgs)	☐ Issue Fee Transmittal
☐ Appeal Brief (in triplicate) (____ pgs)	☒ Notice of Appeal
☐ Application: _____	☐ Petition for: _____
(pgs) w/cover & abstract)	☐ Request for Continued Examination (RCE)
☐ Assignment & Cover Sheet (____pgs)	☐ Reply Brief (pgs)
☒ Certificate of Facsimile	☐ Request & Certification Under 35 USC 122(b)(2)(B)(i)
☐ Continued Prosecution Application (CPA)	☐ Request to Rescind Previous Nonpublication Request
☐ Declaration & POA (____pgs)	☐ Response to Notice of Missing Parts & Formalities Letter
☐ Drawings: sheets. ____ figures	☐ Response to Written Opinion (pgs)
☐ Extension of Time: _____	☐ Terminal Disclaimer
☒ Fee Transmittal (in duplicate)	☐ Transmittal of Publication Fee Due
☐ IDS & PTO/SB/08 (pgs)	☒ Transmittal Letter
☐ Other _____	

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8A)

I hereby certify that this correspondence is being transmitted by facsimile on the date shown below to the United States Patent and Trademark Office.
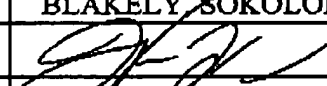
_____ 01/3/2005
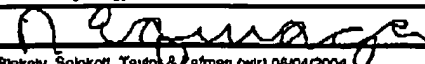Nicole Erquiaga   Date

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application No.	08/936,708
Filing Date	September 24, 1997
First Named Inventor	Jeffrey J. Claar
Art Unit	2644
Examiner Name	Laura A. Grier

Total Number of Pages in This Submission	4	Attorney Docket Number	80398P109

ENCLOSURES   *(check all that apply)*

☒ Fee Transmittal Form

   ☐ Fee Attached

☐ Amendment / Response

   ☐ After Final
   ☐ Affidavits/declaration(s)

☐ Extension of Time Request

☐ Express Abandonment Request

☐ Information Disclosure Statement

   ☐ PTO/SB/08

☐ Certified Copy of Priority Document(s)

☐ Response to Missing Parts/ Incomplete Application

   ☐ Basic Filing Fee
   ☐ Declaration/POA
   ☐ Response to Missing Parts under 37 CFR 1.52 or 1.53

☐ Drawing(s)

☐ Licensing-related Papers

☐ Petition

☐ Petition to Convert a Provisional Application

☐ Power of Attorney, Revocation Change of Correspondence Address

☐ Terminal Disclaimer

☐ Request for Refund

☐ CD, Number of CD(s)

☐ After Allowance Communication to Group

☐ Appeal Communication to Board of Appeals and Interferences

☒ Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)

☐ Proprietary Information

☐ Status Letter

☐ Other Enclosure(s) *(please identify below):*

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	William W. Schaal, Reg. No. 39,018 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	January 3, 2005

CERTIFICATE OF MAILING/TRANSMISSION

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Typed or printed name	Nicole Erquiaga		
Signature		Date	January 3, 2005

Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wlr) 06/04/2004.
SEND TO. Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

FEE TRANSMITTAL
for FY 2005
Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT	($)	500.00

Complete If Known

Application Number	08/936,708
Filing Date	September 24, 1997
First Named Inventor	Jeffrey J. Claar
Examiner Name	Laura A. Grier
Art Unit	2644
Attorney Docket No.	80398PT09

METHOD OF PAYMENT *(check all that apply)*

☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: **02-2666** Deposit Account Name: **Blakely, Sokoloff, Taylor & Zafman LLP**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below   ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s)   ☒ Credit any overpayments
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

	Total Claims		Extra Claims		Fee from below		Fee Paid
Total Claims	28	- 28* =	0	x	50.00	=	$0.00
Independent Claims	4	- 4* =	0	x	200.00	=	$0.00
Multiple Dependent							

Large Entity		Small Entity		Fee Description
Fee Code	Fee ($)	Fee Code	Fee ($)	
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple Dependent claim, if not paid
1204	300	2204	150	**Reissue independent claims over original patent
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent

**or number previously paid, if greater. For Reissues, see below

SUBTOTAL (1)	($)	0.00

2. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description
Fee Code	Fee ($)	Fee Code	Fee ($)	
1051	130	2051	65	Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.
2053	130	2053	130	Non-English specification
1251	120	2251	60	Extension for reply within first month
1252	450	2252	225	Extension for reply within second month
1253	1,020	2253	510	Extension for reply within third month
1254	1,590	2254	795	Extension for reply within fourth month
1255	2,160	2255	1,080	Extension for reply within fifth month
1401	500	2401	250	Notice of Appeal
1402	500	2402	250	Filing a brief in support of an appeal
1403	1,000	2403	500	Request for oral hearing
1451	1,510	2451	1,510	Petition to institute a public use proceeding
1460	130	2460	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)
1806	180	1806	180	Submission of Information Disclosure Stmt
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))

Other fee (specify) _____

		Fee Paid
		500.00

SUBTOTAL (2)	($)	500.00

SUBMITTED BY

Name (Print/Type)	William W. Schaal	Registration No. (Attorney/Agent)	39,018	Telephone	(714) 557-3800
Signature				Date	01/03/05

Complete (If applicable)

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wlr) 12/15/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

FEE TRANSMITTAL
for FY 2005
Patent fees are subject to annual revision.

Complete if Known	
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Examiner Name	Laura A. Grier
Art Unit	2644
Attorney Docket No.	80398P109

☐ Applicant claims small entity status. See 37 CFR 1.27.

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METHOD OF PAYMENT *(check all that apply)*

☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
☒ Charge fee(s) indicated below   ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s)   ☒ Credit any overpayments
   under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

			Extra Claims		Fee from below		Fee Paid
Total Claims	26	- 26* =	0	x	50.00	=	$0.00
Independent Claims	4	4* -	0	x	200.00	=	$0.00
Multiple Dependent							

Large Entity		Small Entity		Fee Description
Fee Code	Fee ($)	Fee Code	Fee ($)	
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*or number previously paid, if greater. For Reissues, see below

SUBTOTAL (1) ($) 0.00

2. ADDITIONAL FEES

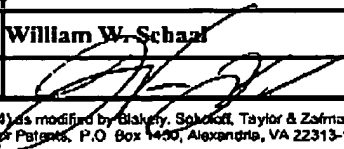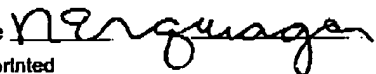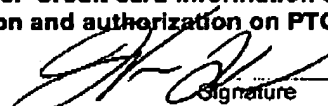| Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee ($)	Fee Code	Fee ($)		
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1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))	

Other fee (specify) _____

SUBTOTAL (2) ($) 500.00

SUBMITTED BY

Name (Print/Type)	William W. Schaal	Registration No. (Attorney/Agent)	39,018	Telephone	(714) 557-3800
Signature				Date	01/03/05

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wk) 12/15/2004.
SEND TO: Commissioner for Patents, P.O Box 1450, Alexandria, VA 22313-1450

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES	Docket Number (Optional) 80398P109

<table>
<tr><td rowspan="4">I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.

____January 3, 2005

Signature ⁿⁿⁿⁿⁿⁿⁿ
Typed or printed
name Nicole Erquiaga____ - ...</td><td colspan="2">In re Application of
Jeffrey J. Claar, et al.</td></tr>
<tr><td>Application Number
08/936,708</td><td>Filed
09/24/1997</td></tr>
<tr><td colspan="2">For
Method and Apparatus for Providing a Graphical User</td></tr>
<tr><td>Art Unit
2644</td><td>Examiner
Laura A. Grier</td></tr>
</table>

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 1.17(b))   ___. $500.00

☐ Applicant claims small entity status under 37 CFR 1.27. Therefore, the fee   ___.
shown above is reduced by half, and the resulting fee is:

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director has already been authorized to charge fees in this application to a Deposit Account.
I have enclosed a duplicate copy of the fee transmittal.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any
overpayment to Deposit Account No. 02-2666 I have enclosed a duplicate copy of the fee
transmittal.

☐ A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

**WARNING: Information on this form may become public. Credit card information should not
be included on this form. Provide credit card information and authorization on PTO-2039.**

I am the

☐ applicant/inventor.

☐ assignee of record of the entire interest.
See 37 CFR 3.71. Statement under 37 CFR 3.73(b)
is enclosed. (Form PTO/SB/96)

☒ attorney or agent of record.

☐ attorney or agent acting under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a) _____.

Signature

William W. Schaal, Reg. No. 39,018
Typed or printed name

01/03/05
Date

NOTE. Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms
if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted

Based on PTO/SB/31 (08-03) as modified by Blakely, Sokoloff, Taylor & Zafman (wh) 09/11/2003.
SEND TO: Mail Stop Appeal, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450